

| SECTION 1: DESCRIPTION                         |   |  |  |  |  |
|--|---|--|--|--|--|
| General Tracking                               |   | Contract Terms   |  |  |  |
| MINUTETRAQ ID#: 24-0142                        | RFP, BID, QUOTE OR RENEWAL #:           | INITIAL TERM WITH RENEWALS:<br>1 YR + 1 X 1 YR TERM PERIOD | INITIAL TERM TOTAL COST:<br>\$20,000.00                        |  |  |
| COMMITTEE: JUDICIAL AND PUBLIC SAFETY          | TARGET COMMITTEE DATE:<br>01/09/2024    | PROMPT FOR RENEWAL:  | CONTRACT TOTAL COST WITH ALL<br>RENEWALS:<br>\$20,000.00       |  |  |
|  | CURRENT TERM TOTAL COST:<br>\$20,000.00 | MAX LENGTH WITH ALL RENEWALS:<br>ONE YEAR                  | CURRENT TERM PERIOD:<br>FIRST RENEWAL                          |  |  |
| Vendor Information                             |   | Department Information                                     |  |  |  |
| VENDOR:<br>CLAUSEN MILLER PC                   | VENDOR #:<br>12039                      | DEPT:<br>CIRCUIT COURT                                     | DEPT CONTACT NAME:<br>KATHERINE THOMPSON                       |  |  |
| VENDOR CONTACT:<br>DAVID M. HEILMANN           | VENDOR CONTACT PHONE:<br>312-855-1010   | DEPT CONTACT PHONE #: 630-407-8788                         | DEPT CONTACT EMAIL:<br>KATHERINE.THOMPSON@18THJUDI<br>CIAL.ORG |  |  |
| VENDOR CONTACT EMAIL:<br>DHEILMANN@CLAUSEN.COM | VENDOR WEBSITE:<br>WWW.CLAUSEN.COM      | DEPT REQ #:  |  |  |  |

## Overview

DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Professional services related to collective bargaining matters.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished

The Circuit Court is in need of professional services related to the Probation Department's collective bargaining matters with AFSCME.

| SECTION 2: DECISION MEMO REQUIREMENTS                 |  |  |  |  |
|---|--|--|--|--|
| DECISION MEMO NOT REQUIRED                            | Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required.   |  |  |  |
| DECISION MEMO REQUIRED OTHER PROFESSIONAL SERVICES (I | Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.  DETAIL SELECTION PROCESS ON DECISION MEMO) |  |  |  |

| SECTION 3: DECISION MEMO                     |  |  |  |  |
|--|--|--|--|--|
| STRATEGIC IMPACT                             | Select an item from the following dropdown menu of County's strategic priorities that this action will most impact.  QUALITY OF LIFE   |  |  |  |
| SOURCE SELECTION                             | Describe method used to select source.  The contractor has demonstrated expertise in previously providing similar services to the Court and was instrumental in collective bargaining during negotiations with AFSCME in the last negotiations with the contract beginning 12/1/2022.  |  |  |  |
| RECOMMENDATION<br>AND<br>TWO<br>ALTERNATIVES | Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action).  1. Secure Clausen Miller PC to represent the Circuit Court's interests pertaining to collective bargaining matters with AFSCME.  2. Secure a consultant to represent the Circuit Court's interest as they pertain to collective bargaining matters with AFSCME.  3. Do not use a consultant. |  |  |  |

|                               | SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION   |
|-------------------------------|---|
| JUSTIFICATION                 | Select an item from the following dropdown menu to justify why this is a sole source procurement.   |
| NECESSITY AND UNIQUE FEATURES | Describe the product or services that are not available from other vendors. Explain necessary and unique features or services. Attach letters from manufacturer, letters from distributor, warranties, licenses, or patents as needed. Be specific. |
| MARKET TESTING                | List and describe the last time the market has been tested on the applicability of the sole source. If it has not been tested over the last 12 months, explain why not.   |
| AVAILABILITY                  | Describe steps taken to verify that these features are not available elsewhere. Included a detailed list of all products or services by brand/manufacturer examined and include names, phone numbers, and emails of people contacted.               |

| Send Pur                                    | chase Order To:                 | Send Invoices To:   |   |  |  |  |
|---|---------------------------------|---|---|--|--|--|
| Vendor:<br>CLAUSEN M <b>I</b> LLER PC       | Vendor#:<br>12039               | Dept:<br>CIRCUIT COURT  | Division:                                     |  |  |  |
| Attn:<br>David M. Heilmann                  | Email:<br>dheilmann@clausen.com | Attn: Accounts Payable  | Email:<br>Suzanne. Armstrong@18thjudicial.drg |  |  |  |
| Address:<br>10 S LaSalle Street, Suite 1600 | City:<br>Chicago                | Address:<br>505 N County Farm Road  | City:<br>Wheaton                              |  |  |  |
| State:<br>IL                                | Zip:<br>60603                   | State:  | Zip:<br>60187                                 |  |  |  |
| Phone:<br>312-855-1010                      | Fax: 312-606-7777               | Phone:<br>630-407-8901  | Fax:  |  |  |  |
| Send i                                      | Payments To:                    | Ship to:  |   |  |  |  |
| Vendor:<br>(Same as above)                  | Vendor#:                        | Dept:<br>(Same as above)  | Division:                                     |  |  |  |
| Attn:                                       | Email:                          | Attn:   | Email:  |  |  |  |
| Address:                                    | City:                           | Address:  | City:   |  |  |  |
| State:                                      | Zip:                            | State:  | Zip:  |  |  |  |
| Phone:                                      | Fax:                            | Phone:  | Fax:  |  |  |  |
| <br>Shipping                                |                                 | Contract Dates  |   |  |  |  |
| Payment Terms:<br>PER 50 ILCS 505/1         | FOB:<br>Destination             | Contract Start Date (PO25): Contract End Date (PO25): 01/10/2024 01/09/2025 |   |  |  |  |

| Purchase Requisition Line Details                                    |     |     |                                    |   |      |              |      |           |                             |            |           |
|--|-----|-----|------------------------------------|---|------|--------------|------|-----------|-----------------------------|------------|-----------|
| LN   | Qty | UOM | ltem Detai <b>l</b><br>(Product #) | Description                                 | FY   | Company      | AU   | Acct Code | Sub-Accts/<br>Activity Code | Unit Price | Extension |
| 1  | 1   | EA  | Services                           | Consulting Services regarding AFSCME issues | FY24 | 1000         | 5900 | 53060     |                             | 17,500.00  | 17,500.00 |
| 2  | 1   | EA  | Services                           | Consulting Services regarding AFSCME issues | FY25 | 1000         | 5900 | 53060     |                             | 2,500.00   | 2,500.00  |
| FY is required, assure the correct FY is selected. Requisition Total |     |     |                                    |   |      | \$ 20,000.00 |      |           |                             |            |           |

|  | Comments   |  |  |  |  |  |
|--|--|--|--|--|--|--|
| HEADER COMMENTS  | Provide comments for P020 and P025.  |  |  |  |  |  |
| SPECIAL INSTRUCTIONS   | Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.            |  |  |  |  |  |
| INTERNAL NOTES   | Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.      |  |  |  |  |  |
| APPROVALS  | Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB. |  |  |  |  |  |
| The following documents have been attached: W-9 Vendor Ethics Disclosure Statement |  |  |  |  |  |  |